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MEMORANDUM FOR CHAT

Thursday, August 24, 1939.

(For Broadcast Use Only)

Subject: "MEDICAL CARE FOR FARM SECURITY BORROWERS." Information from the Farm Security Administration, U. S. Department of Agriculture.

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Sick people can't do heavy farm work. Even half-sick people- the folks that feel "porely" much of the time, that can't put in a full day in the hot sun or handle heavy farm tools without getting "tuckered out." An ailing farm mother can't be expected to can several hundred quarts of food to carry her family through the winter.

When the Farm Security Administration of the U. S. Department of Agriculture began its rehabilitation program for low-income farm families, it soon found reason to suspect that ill health was one of the reasons for failure among the families which applied for aid. And there were a few failures after financial help had been extended, although most of the clients were notably successful in making themselves self-supporting and in repaying their loans. When these few cases of continued failure were investigated, in regions where drought could be ruled out as a cause, it was frequently found that bad health was the chief handicap.

The Farm Security Administration recently made a detailed health survey of 100 low-income farm families evenly divided in two counties. These 100 families included 575 persons. The survey revealed 132 cases of rickets among children; 31 cases of suspected tuberculosis; 14 cases of pellagra; over 35 percent in one county with hookworm; 288 cases of diseased tonsils; 360 individuals with defective teeth; and 124 with defective vision. Among the 109 women in the group the physicians found 100 suffering with conditions more or less traceable to child-birth.

There is much malnutrition in families with so many cases of rickets,

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tuberculosis and pellagra. In addition it is evident that there is great need of medical care among low-income families receiving rehabilitation loans. And so, through the cooperation of state medical associations, the Farm Security Administration has developed plans for group hospital care in 27 states. Under these plans more than 128,000 families are now helped to obtain medical attention.

The plans vary, but in most states, they are very simple, based on the family's ability to pay for medical services. The payment for participating runs from \$20 to \$30 per family each year, according to conditions in different regions. When necessary the Farm Security Administration increases the size of its loan to a borrower so the family can participate in the group health plan. Families have free choice of physician.

Under the plan in most general use, the physician's monthly bills are paid in full, out of the pooled fund paid in by the participants. When total bills exceed the amount available for a given month, all bills are pro-rated, and in some cases bills are reduced. Families recognize the advantages afforded by the plan even when no illness occurs in the period for which they have paid. They do not abuse their privileges by asking for unnecessary medical aid to any extent.

Sometimes an examination reveals that chief thing needed is good food- fresh milk, orange juice, strained vegetables. When ordered by a doctor, these articles of diet are treated as a medical prescription and arrangements made to supply them. Cases that come to medical aid offices may include anything from lacerated fingers to cancer; from advanced pellagra to pyorrhea; from bad tonsils to typhoid. Where the condition cannot be treated at home or through the medical aid clinic, hospitalization is suggested, and provided for out of the group health fund.

California and Arizona have special health problems incidental to the large number of migratory workers who follow the successive fruit and vegetable crops. Since June, 1935, more than 220,000 refugees from the drought states and the south

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have poured into California in search of work. There isn't enough work for all. Many families are living close to starvation under wretched, insanitary conditions along ditch-banks and roadsides. These migrant people constitute an acute problem in public health, making a program of medical aid imperative. They are woefully underfed, desperately tired, and ready victims for sickness of every sort- dysentery, pneumonia, typhoid, tuberculosis. They spread communicable diseases as they move from one region to another in search of work.

Through the cooperative efforts of the California Medical Association, the State Board of Health, the State Relief Administration, and the Farm Security Administration, an "agricultural workers' health and medical association" has been formed. Applicants for medical aid are given a certificate of membership and are eligible for help. Practically all the physicians connected with the county medical societies in California are cooperating by reducing their rates for treating the cases presented through the health association. Druggists have been equally cooperative, and plans are now being worked out to include dental care.

The Farm Security Administration has improved living conditions for the migratory workers by establishing sanitary camps where large numbers of farm workers are concentrated. At these camps medical clinics have been opened. The staffs in these clinics make examinations and diagnoses, treat minor injuries and ailments, and carry on immunization work. They are not equipped to care for bed patients or surgical cases, but can recommend hospitalization. A recent development is the establishment of mobile camps accompanied by portable clinics on specially designed trailers. These camps and clinics can be carried to new camp sites as the migrants follow the crops. In a short time I hope to tell you more about the migratory farm workers, and some real-life stories of some of the folks who have come to one or another of the Farm Security Medical Aid offices.

